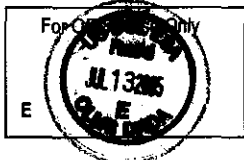


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



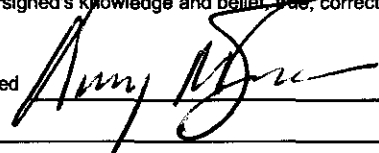
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2728	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name TIMOTHY A. BROWN P.O. Box, Bldg., Room No., if any PO BOX 130 Street City LINTHICUM State Maryland ZIP Code + 4 21090-1941	4. Name, file number, and address of labor organization. Name INT. ORGANIZATION OF MASTERS, MATES & PILOTS Labor Organization File Number 000-162 P.O. Box, Building and Room Number, if any Street 700 MARITIME BLVD City LINTHICUM State Maryland ZIP Code + 4 21090-1941
5. Position in labor organization. INTERNATIONAL PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 7/07/2005 Date	410 850 8700 X 16 Telephone Number

Name of Person Filing TIMOTHY BROWN

File Number U- 2728

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SEGAL & COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE PARK AVENUE

City NEW YORK

State New York

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ACTUARIAL FIRM WHICH PROVIDES REVIEW AND ADVICE ON THE EMPLOYER'S DEFINED BENEFIT PENSION PLAN

ADVICE TAB

11.b. Approximate dollar value of such dealing.

\$264,348

12.a. Nature of interest held or income received.

DINNER PROVIDED AFTER TRUST MEETING AT THE PRIME RIB IN BALTIMORE ON 1/13/04

12.b. Amount.

\$124

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing TIMOTHY BROWN	File Number U- 2728
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name WRIGHT INVESTORS</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street 440 WHEELERS FARM ROAD</p> <p>City MILFORD</p> <p>State Connecticut ZIP Code + 4 06460</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>INVESTMENT FIRM WHICH MANAGES THE DEDICATED BOND PORTFOLIO IN THE MMP'S DEFINED BENEFIT PENSION PLAN</p> <p>11.b. Approximate dollar value of such dealing. \$138,261</p> <p>12.a. Nature of interest held or income received.</p> <p>DINNER PROVIDED AT FLEMINGS RESTAURANT ON 2/05/04 WHILE DISCUSSING ALTERNATIVES TO THE DEDICATED BOND PORTFOLIO WHEN IT EXPIRES.</p> <p>12.b. Amount. \$84</p>

JNB	
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing TIMOTHY BROWN

File Number U- 2728

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BANK OF NEW YORK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street ONE WALL STREET

City NEW YORK

State New York ZIP Code + 4 10286

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASTERS MATES AND PILOTS TRUST PLANS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 MARITIME BLVD

City LINTHICUM

State Maryland ZIP Code + 4 21090

11.a. Nature of such dealing.

CUSTODIAN FOR FUNDS ON DEPOSIT FOR THE MASTERS,
MATES AND PILOTS FUNDS

11.b. Approximate dollar value of such dealing.

\$307,888

12.a. Nature of interest held or income received.

BANK OF NEW YORK PROVIDED DINNER TO UNION AND
COMPANY TRUSTEES AT THE CHARLESTON RESTAURANT IN
BALTIMORE ON 5/25/05

5/25/05 TMB

12.b. Amount.

\$150

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing TIMOTHY BROWN

File Number U- 2728

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name GORFINE, SCHILLER & GURDY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 10045 RED RUN BLVD.

City OWNINGS MILLS

State Maryland

ZIP Code + 4 21117-4831

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

ACCOUNTING FIRM THAT CHECKS THE JEC REPORTS ON A YEAR TO YEAR BASIS

11.b. Approximate dollar value of such dealing.

\$6,300

12.a. Nature of interest held or income received.

DINNER PROVIDED AT CHEF VOLA'S RESTAURANT IN ATLANTIC CITY DURING A LEADERSHIP CONFERENCE AT THE TROPICANA HOTEL ON 1/08/04

12.b. Amount.

\$35

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name STEPTOE & JOHNSON
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1330 CONNECTICUT AVE. NW
City WASHINGTON
State District of Columbia ZIP Code + 4 20036

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

LAW FIRM WHICH REPRESENTS THE VARIOUS PLANS IN THE
MMP TRUST IN LEGAL MATTERS.

11.b. Approximate dollar value of such dealing.

\$343,101

12.a. Nature of interest held or income received.

STEPTOE AND JOHNSON PROVIDED THE USE OF THEIR
EXECUTIVE SUITE AT THE MCI CENTER IN WASHINGTON, DC
FOR TRUSTEES AND OTHERS TO WATCH AN NBA BASKETBALL
GAME BETWEEN THE LA LAKES AND THE WASHINGTON WIZARDS
ON 2/28/04.

12.b. Amount.

\$105

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
(including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing TIMOTHY BROWN

File Number U- 2728

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name STEPTOE & JOHNSON
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1330 CONNECTICUT AVE. NW
City WASHINGTON
State District of Columbia ZIP Code + 4 20036

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASTERS, MATES & PILOTS TRUST
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 700 MARITIME BLVD.
City LINTHICUM
State Maryland ZIP Code + 4 21090-1941

11.a. Nature of such dealing.

LAW FIRM WHICH REPRESENTS THE VARIOUS PLANS IN THE
MMP TRUST IN LEGAL MATTERS.

11.b. Approximate dollar value of such dealing.

\$343,101

12.a. Nature of interest held or income received.

STEPTOE AND JOHNSON PROVIDED DINNER AT RUTH CHRIS
STEAKHOUSE FOR THE UNION AND COMPANY TRUSTEES
FOLLOWING A TRUSTEE MEETING ON 9/28/04.

12.b. Amount.

\$138

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **OPPENHEIMER CAPITAL**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **1345 AVENUE OF THE AMERICAS**
City **NEW YORK**
State **New York** ZIP Code + 4 **10004**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **MASTERS, MATES AND PILOTS PLANS**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **700 MARITIME BLVD.**
City **LINTHICUM**
State **Maryland** ZIP Code + 4 **21090-1941**

11.a. Nature of such dealing.

INVESTMENT FIRM WHICH MANAGES A CERTAIN AMOUNT OF MONEY IN THE MMP'S DEFINED BENEFIT PENSION PLAN

11.b. Approximate dollar value of such dealing.

\$12,583

12.a. Nature of interest held or income received.

ROTATING BUFFET DINNER AND MUSIC PROVIDED AT THE HOUSE OF BLUES ON 12/02/04 IN NEW ORLEANS DURING THE INTERNATIONAL FOUNDATION HELD IN DECEMBER 2004.

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **WRIGHT INVESTORS**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **440 WHEELERS FARM ROAD**
City **MILFORD**
State **Connecticut** ZIP Code + 4 **06460**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **MASTERS, MATES AND PILOTS PLANS**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street **700 MARITIME BLVD.**
City **LINTHICUM**
State **Maryland** ZIP Code + 4 **21090-1941**

11.a. Nature of such dealing.

INVESTMENT FIRM WHICH MANAGES THE DEDICATED BOND PORTFOLIO IN THE MMP'S DEFINED BENEFIT PENSION PLAN

11.b. Approximate dollar value of such dealing.

\$138,261

12.a. Nature of interest held or income received.

DINNER PROVIDED AT COMMANDER'S PALACE RESTAURANT ON 12/01/04 IN NEW ORLEANS DURING THE INTERNATIONAL FOUNDATION HELD IN DECEMBER 2004.

12.b. Amount.

\$113

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE MCLAUGHLIN COMPANY
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 1725 DeSALES ST. NW
City WASHINGTON
State District of Columbia ZIP Code + 4 20036

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASTERS, MATES & PILOTS UNION
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 700 MARITIME BLVD.
City LINTHICUM
State Maryland ZIP Code + 4 21090-1941

11.a. Nature of such dealing.

PROVIDES INSURANCE COVERAGE FOR AUTOMOBILE AND VARIOUS OTHER PROPERTIES UNDER THE MMP'S CONTROL.

11.b. Approximate dollar value of such dealing.

\$225,546

12.a. Nature of interest held or income received.

THE MCLAUGHLIN COMPANY SENT A POINSETTIA PLANT TO THE UNION DURING THE CHRISTMAS HOLIDAYS.

12.b. Amount.

\$45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INDEPENDENT FIDUCIARY SERVICES
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 805 15TH STREET NW SUITE 1120
City WASHINGTON
State District of Columbia ZIP Code + 4 20036

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASTERS, MATES & PILOTS TRUST PLANS
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street 700 MARITIME BLVD.
City LINTHICUM
State Maryland ZIP Code + 4 21090-1941

11.a. Nature of such dealing.

PROVIDES INDEPENDENT ADVICE FOR INVESTMENT IN THE MMP DEFINED BENEFIT PLANS, THE IRAP PLANS AND THE HEALTH AND BENEFIT PLANS

11.b. Approximate dollar value of such dealing.

\$250,000

12.a. Nature of interest held or income received.

FRANK LILLY TOOK ME FOR LUNCH ON APRIL 5, 2004 AT THE CHEESECAKE FACTORY IN BALTIMORE

12.b. Amount.

\$33

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any:
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **THE MCLAUGHLIN COMPANY**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **1725 DESALES ST. NW**

City **WASHINGTON**

State **District of Columbia** ZIP Code + 4 **20036**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **MASTERS, MATES & PILOTS UNION**

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street **700 MARITIME BLVD.**

City **LINTHICUM**

State **Maryland** ZIP Code + 4 **21090-1941**

11.a. Nature of such dealing.

PROVIDES INSURANCE COVERAGE FOR AUTOMOBILE AND VARIOUS OTHER PROPERTIES UNDER THE MMP'S CONTROL.

11.b. Approximate dollar value of such dealing.

\$225,546

12.a. Nature of interest held or income received.

THE MCLAUGHLIN COMPANY PROVIDED LUNCH AT THE CHARLESTON RESTAURANT ON 6/18/04.

12.b. Amount.

\$68

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.
